DWC-AD 10133.53 NOTICE OF OFFER OF MODIFIED OR ALTERNATIVE WORK For injuries occurring on or after 1/1/04

THIS SECTION COMPLETED BY EMPLOYER OR CLAIMS ADMINISTRATOR:	
Employer (name of firm)	is offering you the position of a
(name of job)	
Attach a list of the duties required of the position.	
You may contact	concerning this offer. Phone No.:
Date of offer:	Date job starts:
Claims Administrator:	Claim Number:
NOTICE TO EMPLOYEE Name of employee:	
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You have 30 calendar days from receipt to accept or reject this offer of modified or alternative work. If you reject this job offer, you will not be entitled to the supplemental job displacement benefit unless:	
Modified Work	
A. The proposed modification(s) to accommodate required work restrictions are inadequate. B. The modified job will not last 12 months.	
Alternative Work	
 A. You cannot perform the essential functions of the job; or B. The job is not a regular position lasting at least 12 months; or C. Wages and compensation offered were less than 85% paid at the time of injury; or D. The job is beyond a reasonable commuting distance from residence at time of injury. 	
THIS SECTION TO BE COMPLETED BY EMPLOYEE	
I accept this offer of Modified or Alternative work.	
I reject this offer of Modified or Alternative work and understand that I am not entitled to supplemental job displacement	
benefit.	
Signature	Date
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I feel I cannot accept this offer because:	

NOTICE TO THE PARTIES

If the offer is not accepted or rejected within 30 days of the offer, the offer is deemed to be rejected by the employee.

The employer or claims administrator must forward a completed copy of this agreement to the Administrative Director within 30 days of acceptance or rejection.

If a dispute occurs regarding the above offer or agreement, either party may request the Administrative Director to resolve the dispute by filing a Request for Dispute Resolution (Form DWC-AD 10133.54) with the Administrative Director.